

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>CITIZENS FOR A WORKING AMERICA INC.</b>		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C90012758</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 131 N. LUDLOW ST.		
(c) City, State and ZIP Code DAYTON OH 45402		
2.	<b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>Individual filers only</b> Name of Employer      Occupation	

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report ☐ 24-Hour Report
- ☐ October 15 Quarterly Report ☐ 48-Hour Report
- ☒ January 31 Year-End Report

b) Is this Report an amendment?    Yes ☐    No ☒

## 5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
10		01		2011
THROUGH				
M M	/	D D	/	Y Y Y Y Y Y
12		31		2011

6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES .....

475000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****SIGNATURE****DATE***[Electronically Filed]*

Norm Cummings

Norm Cummings

01/31/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CITIZENS FOR A WORKING AMERICA INC.

Full Name (Last, First, Middle Initial) of Payee Horizons Companies		Date MM / DD / YYYY 12 / 24 / 2011	
Mailing Address 4000 Horizons Drive		Amount 475000.00	
City Columbus	State OH	Zip Code 43220	
Purpose of Expenditure Television Advertising		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 475000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	475000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	475000.00